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## \*BIBDATASHEET\*

**CONFIRMATION NO. 5089** 

Bib Data Sheet								
SERIAL NUMBER 10/657,922	FILING DATE 09/09/2003 RULE		LASS 606	GRO	GROUP ART UNIT 3739		ATTORNEY DOCKET NO. 21819-56CON2	
APPLICANTS								
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IF REQUIRED, FOREI ** 12/09/2003	GN FILING LICENSE GI	RANTED	** SMALL E	NTITY	**			
Foreign Priority claimed 35 USC 119 (a-d) conditions met	yes Ino Met affer	Allowance	STATE OR	SH	IEETS	тот	AL I	NDEPENDENT
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TITLE Cryosurgical catheter				************************	;:::::::::::::::::::::::::::::::::::::	************************	***************	***************************************
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FILING FEE	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT	☐ 1.17 Fees ( Processing Ext. of time )			
RECEIVED	No for following:	☐ 1.18 Fees (Issue)			
375		Other			
		☐ Credit			